Seclusion and Restraint Reduction Intervention Advisory Council Meeting Minutes
June 11th, 2009 at 1:00 pm

Location: VSH Library

Type of meeting:	Advisory
Facilitator:	Ed Riddell, Alternatives to Seclusion and Restraint Coordinator at VSH
Note taker:	Ed Riddell
Advisory Council Members:	Cathy Rickerby, NAMI Vermont; Ed Paquin, VP&A; Jane Winterling, VPS; David Mitchell, VSH; Terry Rowe, VSH; Anne Jerman, VSH;; Patrick Kinner, VSH; Tommie Murray, VSH; and Scott Perry, VSH. Absent: John O'Brien, VSH; Janet Isham, VSH; Jay Batra, VSH and Bill McMains, DMH;
Guests:	Norma Wasco.

Discussion: Opening

Ed Riddell opened the meeting and welcomed all members and attendees. No new attendees were present for this meeting.

Discussion: Approval of May Minutes

ER introduced the May minutes for approval. After a brief review by members, Ed Paquin moved to accept the minutes. David Mitchell provided the second and the motion carried unanimously.

Discussion: Comfort Room Intervention Discussion

ER introduced the comfort room development topic and shared that EP, Jane Winterling, and Bill McMains had toured the patient units in the previous week with Anne Jerman. Cathy Rickerby will tour with AJ after the AC meeting today and that the purpose of those tours was to provide AC members with an opportunity to see where comfort room development might occur. ER asked if either JW or EP would like to share their observations. EP provided three areas he would like to see: First would be to close a patient room on each unit to be used as a comfort room. EP acknowledged that he could see no unused extra space that currently existed for use as a comfort room. Second, EP suggested closing off the porches to provide extra usable space and lastly, the ramps used for access are too steep and would not be in compliance with today's standards. JW shared, that during the tour, Bill McMains had suggested that when the Meadowview program opens a reduction in the number of licensed beds at VSH might be reduced and provide the opportunity to turn rooms into comfort spaces. JW observed that in the Brooks Rehabilitation unit some current room use, between the Therapeutic and Recovery Services (TRS) activities area and an on unit conference room could be adjusted. Patrick Kinner provided that until the currently closed new TRS activities area is reopened, then that space needs to remain dedicated to patient activity use. JW provided that she believed that enough space was available in the entry area that a new conference room could be built without having to change the TRS area. JW suggested that room changes and construction could occur on the Brooks One unit to move the laundry room

to the kitchen area to provide comfort room space. JW continued that the Brooks Two unit could modify the use of a closet space to allow for a comfort area and items stored there currently could be moved elsewhere. Tommie Murray suggested that in developing the comfort room there should be a discussion on what size room we would need. Terry Rowe asked JW if she considered the library space on B2. JW replied that during the tour she was told by staff that this room was used quite often and that clinical staff was observed to be meeting with a patient in this area at the time of her walk through. AJ and TR provided that B1 and B2 units are arranged differently so that you may observe that B2 might have more useable space than B1, but based on dayroom size, it is the opposite, and B2 is actually the more crowded unit. JW continued that the entire facility could benefit from moving storage off unit and enclosing the porches. JW shared that creating office space on the porches should not create a safety issue. TM shared that it was nice to hear a general theme that AC members were recognizing the environmental crowding condition that currently exist and were not making recommendations that would increase the density issue. TM suggested that we are so early in the initiation phase of the comfort room that all possibilities should remain viable. CR explained that she thought that the comfort room would need to be located near the nursing station for safe management of that resource. Several members acknowledged agreement with CR. TR asked if anyone was aware of information on comfort room utilization. ER responded that several facilities from the NYS-OMH comfort room creation manual reported using the rooms for multiple events and that the more use the room has the better. (In reviewing the NYS-OMH manual it is found that some facilities use rooms liberally, while others do not, but a better indicator of higher use is staff and patient involvement with the room development which creates the sense of ownership. ER) CR asked TR how long it would take to get approval from the Commissioner of MH to reduce capacity at VSH. TR explained that it is not a quick decision or easy process and that many voices from all areas of the mental health system will need to weigh in before a reduction in beds could occur. JW asked how often the census has been within three beds from total capacity. TR responded that census has been that high several times recently. AJ provided information about the need for emergency and judicial surge capacity and the need for open access to beds for those purposes, whether a person is ultimately admitted or not, beds must be maintained for the system to function. JW rein iterated that the opening of the Meadowview facility, as explained by BM on a prior date, might open up capacity, but there is no confirmed opening date for that facility which seems to be targeting sometime this fall. EP said that he was aware of 12 new crisis beds which have opened and that the community hospitals are only at approximately 80% capacity. EP caveats that his bed estimates might be wrong, but he believes that pressure is coming from various areas to create greater capacity in the community. TR provided that in the recent past, VSH staff were required to awaken patients in the middle of the night and arrange for transfer to another unit, or community hospital, to open up capacity for a higher need admission. JW added that she is aware that community supports continue to disappear currently due to the financial climate. EP clarified that he believed that there was still funding to complete the new treatment mall, but wondered by when. TR explained that funding did still exist and it would be possible, only if all things went well, to have the new treatment mall operational by September or October. EP asked if comfort rooms can be added to the plan. A group discussion about possible use of different spaces for comfort purposes developed. EP suggested that the ramps need to be addressed as a hazard. TM explained that old standards are used for evaluating the structure and she wondered if facilities should be approached in regards to determining what it would take to replace the ramps. CR suggested crafting a letter from the AC to DMH in regards to requesting support for the creation of comfort rooms, likely to occur after the next AC meeting which will be attended by Tina Champagne, the grant's contracted sensory modulation expert. TM wondered if between now and then, if Commissioner Hartman and DMH might be provided with a heads up in regards to what it would take to address the identified issues. CR expressed her desire to just get started with creating a comfort room. EP added that he believed that by modifying the ramp to a set of stairs, you would gain space to create

comfort spaces for at least two units. Several members discussed the ramp modification issue. CR questioned whether BGS and Licensing staff should be attending the July 9th AC meeting. (Follow-up revealed that when invited on previous occasions, Licensing has not gotten involved in projects at this point. BGS typically will evaluate and provide an estimated cost for construction, but will not provide guidance on design. Consults could be requested in the future if deemed useful, but arrangements for attendees from these departments will not be done for the July 9th meeting. ER)

Discussion: Data Presentation

Scott Perry opened the data review discussion, explained the creation of the Emergency Involuntary Procedures over the past six months chart that includes intervention activities along the timeline and responded to questions. JW asked about Violence Prevention Community Meetings (VPCM). AJ updated the AC explaining that VPCMs are occurring on every unit twice weekly on day shift and will be moving a meeting on each unit to the evening shift in the very near future. Several members discussed what might be happening in regards to the EIP event measures. TM asked AC members what they thought stood out in the data. TM then added that looking at the timeline there were at least two significant interventions that had not been added. One was the confirmation that all EIPs occurring in the prior twenty four hours are being discussed at morning rounds with treatment team members. The second was the creation of the Reduction of Violence leadership meeting and its weekly review of the EIPs occurring at VSH. This is done to observe and provide leadership support to treatment teams and staff in addressing the multi-dimensional causes of violent behavior in patients. JW observed surprise in seeing the Brooks Two unit showing higher EIP events than the Brooks One unit over the observed past six months. JW said that during her VSH tour she felt that things were more stressed on Brooks One. EP asked AJ if she could comment on his past observations that his office had received more EIP related concerns from the Brooks Two treated population rather than the Brooks One profile population. AJ concurred that EP's observations were consistent about eight years ago, but EIP use continues to be multi-determined, and includes factors like the skill sets of the staff, etc. JW observed that it was nice to see that Pro-ACT was having an impact, but wondered why evenings seemed to have higher EIP events than other shifts. AJ expressed that she believed it was too early to make a correlation about Pro-ACT's impact, since only half of the hospital has currently been trained in Pro-ACT principles. AJ shared that due to many factors, including biorhythms, energy levels, etc.; people have a more difficult time coping during evening hours. TM added that most admissions occur on the evening shift as well. SP informed folks that if the AC is interested in looking at data by age or gender, VSH has that capacity as well. TM suggested that data be reviewed to optimize use of comfort rooms and other interventions. JW asked if SP had any trends that he wanted to comment on. SP provided that one concept we always need to consider when reviewing VSH data is the small population of patients served and how the EIP events of one or two patients can skew the data. EP made a suggestion in regards to culture change that the information network from Patient to Patient is very strong and needs to be used more often. Norma Wasco agreed and described her experience of leaving a meeting involving people outside the hospital and upon connecting with patients inside, they already knew the information.

Discussion: Executive Oversight / Structured Interview intervention goals discussion

TR provides the background to the need for this intervention; it is a Six Core strategy Leadership goal intervention, keeps Leadership members connected to Direct Care members, timely engagement with Direct Care staff to display authentic care and concern, and the

opportunity for Leadership members to gain real time information to inform on practice improvement activities. TR explained that the first step is to chose a goal for the process and then use this goal to create questions to inform leadership members about the activities that are occurring involving an EIP. TR asks the AC members to help determine which of three presented goals should be used, at least at the beginning of this intervention. JW asks for clarification of the process. TR explains that this intervention involves a nursing supervisor conducting a post-event debriefing and stabilization of the milieu after an EIP event, and then calling an executive member to report on a set of structured interview questions designed to inform on the intervention's goal. JW suggests using number 2 over others presented. JW believes that a caring approach is best. TR explained that the next step, after goal identification, would be to approach staff and others to provide input on how the process should function. EP agreed that goal 2 would work, but that the others provided have strong significance as well. JW expressed that morale must be the key factor and that this process will not be helpful if it creates negative morale with staff. JW suggested that the executive member be notified prior to the post-event debriefing so that they could attend or at least offer support, and then after the debriefing, if something needed to be addressed, they could be re-contacted by the nursing supervisor. CR asked TR what the time frame for the call from the supervisor might be. TR explained that it would depend on the circumstances, but typically no later than the end of shift. EP suggested that the debriefing occur with the executive on the phone in conference calling mode during the discussion. TR explained that it could be done that way if it was identified as being beneficial. TR relayed that some staff might find it concerning to have an executive team member on the line. Patrick Kinner suggested, as a leadership team member, he could see more value in collecting information and then reporting it on to the other leadership team members who supervise the involved staff for follow up. PK expressed that he did not see it as appropriate to be trying to supervise an event, when that is not what his regular responsibilities entail. TR then explained that the next step for the AC in this intervention will be a review and provide input on the questions developed by direct care staff and leadership to be asked on the structured interview form. (Goal 2: *To try and make direct care staff aware that the agency leadership is also affected by these events, is supportive, and is available. (SAMHSA suggested))*

Public Input:

NW relayed that goal identification is important in the executive oversight intervention, but the determination of the questions you will ask in regards to that goal is a very crucial piece.

Adjournment:

Next Meeting:
Thursday, July 9th, 2009 at 1:00 pm in the VSH Library

Respectfully submitted,
Ed Riddell
Notetaker